

Billing and Policy

Home Health Agencies and Home and Community-Based Services Bulletin 349

November 2003

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Articles with related Part 1 Manual Replacement Pages may be found in the "Program and Eligibility" bulletin. Articles with related Part 2 Manual Replacement Pages may be found in the "Billing and Policy" bulletin. The Medi-Cal Update may not always contain a "Billing and Policy" section.

Home Health Psychiatric Nursing Services: Policy Clarification

Home Health Agencies (HHA) services are excluded from coverage by the Mental Health Program (MHP) as set forth in the *California Code of Regulations* (CCR), Title 9, Section 1810355(a)(7)(F). However, home health psychiatric nursing is a skilled nursing service that may be provided by an HHA to a Medi-Cal recipient with a psychiatric illness or condition. The following clarifies this policy.

Diagnostic Criteria

To receive home health psychiatric nursing, recipients must have an Axis I diagnosis, defined in the *Diagnostic and Statistical Manual of Mental Health Disorders*, 4th edition (DSM-IV) as "...clinical disorders, other conditions that may be a focus of clinical assessment as opposed to personality disorders, mental retardation, dementia, active substance abuse, dementia of Alzheimer type (uncomplicated), psychosocial and environmental problems and global assessment of functioning."

Psychiatric Nursing Services

The following are examples of psychiatric services that may be provided by a home health nurse:

- Make an initial evaluation using observation and assessment skills
- Evaluate, review and teach the use of medications, emphasizing compliance
- Administer IM or IV medication, if necessary
- Manage situational (or other) crises; perform suicidal assessments, as necessary
- Provide psychotherapeutic assessments as ordered by the physician, which may include supportive counseling, behavior modification (for obsessive-compulsive behaviors such as hand washing) and cognitive retraining (positive thinking process)
- Provide psychological education such as teaching/training with disease process, symptom and safety management, coping skills and problem solving

*Please see **Home Health**, page 2*

Home Health (*continued*)**Prior Authorization Requirements**

HHA psychiatric nursing service visits require the submission of a *Treatment Authorization Request* (TAR) to the appropriate Medi-Cal field office for approval. The TAR must be accompanied by a written plan of care approved by a physician every 62 days. A reauthorization request must include a statement describing the recipient's progress toward achieving the therapeutic goals.

A home visit by two nurses on the same day (one nurse who provides psychiatric nursing services and the other who provides non-psychiatric nursing services) is considered a single service and will be authorized and reimbursed as a single visit because both services constitute skilled nursing care and both can be provided by a single psychiatric nurse.

This information is reflected on manual replacement pages home hlth 4 and 5 (Part 2).

Benefits Identification Card: Psychiatric Drugs Exclusion

Effective for dates of service on or after December 1, 2003, claims including the following psychiatric drugs do not require an issue date and may be billed with either the recipient's Social Security Number or BIC ID number:

Amantadine HCl	Fluphenazine Decanoate	Paroxetine HCl
Amitriptyline HCl	Fluphenazine HCl	Perphenazine
Aripiprazole	Fluvoxamine Maleate	Phenelzine
Benzotropine Mesylate	Gabapentin	Pimozide
Biperiden HCl	Haloperidol	Quetiapine Fumarate
Bupropion HCl	Haloperidol Decanoate	Risperidone
Buspirone HCl	Haloperidol Lactate	Rivastigmine Tartrate
Carbamazepine	Hydroxyzine HCl	Sertraline HCl
Chlorpromazine HCl	Imipramine HCl	Thioridazine HCl
Citalopram Hydrobromide	Isocarboxazid	Thiothixene
Clomipramine HCl	Lamotrigine	Topiramate
Clonidine HCl	Lithium Carbonate	Tranlycypromine
Clozapine	Lithium Citrate	Trazodone HCl
Desipramine HCl	Loxapine Succinate	Trifluoperazine HCl
Diphenhydramine HCl	Mesoridazine Besylate	Trihexyphenidyl HCl
Divalproex Sodium	Mirtazapine	Valproate Sodium
Donepezil HCl	Molindone HCl	Valproic Acid
Doxepin HCl	Nefazodone HCl	Venlafaxine HCl
Escitalopram Oxalate	Olanzapine	Ziprasidone HCl
Fluoxetine HCl	Oxcarbazepine	

The Department of Health Services (DHS) Medical Review Branch continues to issue replacement Medi-Cal Benefits Identification Cards (BICs) in an ongoing effort to nullify BICs that may have been stolen or misused. As a general safeguard, there is a claims payment requirement when determining recipient eligibility for use of all but select drugs and services. This claims payment requirement was outlined in the July 2003 *Medi-Cal Update* in an article titled "Benefits Identification Card: Billing Reminder" and is repeated as follows.

*Please see **Benefits**, page 3*

Benefits *(continued)*

When verifying eligibility for recipients who receive new cards, the Automated Eligibility Verification System (AEVS) will return the eligibility message, “For claims payment, current BIC ID number and date of issue required.” Providers must have and use the BIC ID number and issue date from the new card when verifying recipient eligibility. All but excluded providers must have and use the BIC ID number and issue date from the new card when submitting claims for reimbursement. If the BIC ID number and issue date of the new card are not on the claim for recipients whose card returns the message, “Current BIC ID number and issue date required for payment,” the claim will be denied.

The following provider types are not required to provide an issue date on the claim and may bill with either the recipient’s Social Security Number or BIC ID number: Emergency Air Ambulance Transportation, Alternative Birthing Centers, Community Hospital Inpatient, Community Hospital Outpatient, County Hospital Inpatient, County Hospital Outpatient, Genetic Disease Testing, Emergency Ground Transportation, Certified Hospice, Long Term Care Facility and Mental Health Inpatient. For all other provider types, the ID number must be placed on all claims.

For assistance with eligibility, the Automated Eligibility Verification System (AEVS), Point of Service (POS) device or Medi-Cal Web site, www.medi-cal.ca.gov, call the POS/Internet Help Desk at 1-800-427-1295. If illegal use of a BIC is suspected, or if there are questions about this policy, call the Provider Support Center (PSC) at 1-800-541-5555.

Medi-Cal Field Office: Address Change

Effective September 22, 2003, the San Francisco Medi-Cal Field Office address has changed, as follows:

San Francisco Medi-Cal Field Office (SFMCFD)
575 Market Street, Suite 400
San Francisco, CA 94105-2823

All telephone numbers remain the same. *Treatment Authorization Requests* (TARs) formerly sent to 185 Berry Street, Suite 290, should be sent to the new address.

This information is reflected on manual replacement pages tar field 9 (Part 2).

Instructions for Manual Replacement Pages

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Part 2

Remove: home hlth 3 thru 7
Insert: home hlth 3 thru 8 (*new*)

Remove and replace: home hlth ex 1 thru 12 *
medi non hcp 1/2 *
tar dis cod 3/4 *
tar field 9/10
ub comp op 1/2 *
ub spec op 3/4 *
ub tips op 1/2 *

* Pages updated/corrected due to ongoing provider manual revisions.